

## 5310 VEHICLE SURVEILLANCE INSPECTION

DATE:					_								
TRANSPORTATION PROVIDER NAME:													
Vehicle Year	Plate Number				V.I.N. Number	V.I.N. Number					acity Lift		
Make *Registration □			the second Cond Cond Cond Cond Cond Cond Cond C					w/chair	Sea	ts			
Make *Registra			tion	Ц	*Insurance Card   *Insurance Card   *I	*DMV Inspection Sticker □			n Sticker 🗆	Odometer			
All items must be inspected. If an item is not applicable to this vehicle, place "N/A" in the adjacent box.  Check "✓" appropriate box P = Pass F = Fail # = number of days to correct failure													
EXTERIOR		Р	F	#	SAFETY EQUIPMENT P F # INTERIOR			Р	F	#			
Body damage				-	Triangles (3)	Triangles (3) 1 Mirrors						2	
Windows				2	First Aid Kit			2	Lights				3
*2 Outside Mirrors				0	Bloodborne Pathogen Kit			3	Horn				2
Reflector/marker/clearance				2	Seat belt cutter			5	Seats			2	
*Turn Signals				0	Extra electrical fuses			5	*Seat Belts				0
*Four Way Flashers				0	Fire Extinguisher			2	AC/Heat/Defr			2	
*Tires front 4/32 rear 2/32				0	Rear door buzzer			3	*Wipers				0
*Headlights high and low				0	Exit windows/buzzers			3	Gauges and Indicators				2
*Parking lights				0	Roof Hatch			3	*Brakes (Foot/Parking)				0
*Brake lights				0	Spare Tire/Jack/Lug Wrench			3	Cleanliness				2
Cleanliness				2									
SIGNAGE		Р	F	#	LIFT	Р	F	#	SECUREME	NTS	Р	F	#
Buckle Up (or equivalent)				5	*Interlocks			0	*Belt (4 or 8 floor)				0
Emergency Exits				3	Level Platform			3	*Lap Belt	•			0
Lift Operating Instructions				5	Lift Light			1	*Shoulder be	elt			0
Vehicle Height				5	*Electric Wires (cut, frayed)			0					
					*Hand Pump			0					
					Hand Rails on Lift (2)			1					
Comments and Observations of Inspector:													
Items that are *bolded may be placed out of service for failing inspection. The vehicle may not be returned to service until defect is repaired and the Agency Administrator is notified of the repairs. Body damage depending on severity should be repaired as soon as possible.													
Agency Administrator:				Ins	Inspector:								
Name:					Na	Name:							
Signature:					Sig	Signature:							

This document can be completed by agency personnel and is a tool for you to monitor the maintenance source you are using.

Inspections to be performed on April 1 and October 1 and completed document submitted to UDOT by the 15<sup>th</sup> of April/Oct. To: Tracy Young, Programs Compliance Officer, UDOT, 4501 S 2700 W, Box 143600, SLC, UT 84114-3600